

PROFORMA INVOICE

No: _____
Date: _____

[MANUFACTURER NAME]
[Address Line 1]
[Country/Zip Code]
VAT/Tax ID: _____

CONSIGNEE / BILL TO:

[Customer Name]
[Full Address]
[Country]
Attn: [Contact Person]

SHIP TO / NOTIFY PARTY:

[Delivery Address]
[Port of Discharge]
[Final Destination]

TRANSPORT DETAILS:

Mode: [Sea/Air/Road]
Port of Loading: _____
Est. Shipment Date: _____

PAYMENT & TRADE TERMS:

Incoterms 2020: [e.g. FOB/CIF]
Currency: _____
Payment Terms: _____

Item No.	HS Code	Description of Goods	Quantity	Unit	Unit Price	Total Amount
1						
2						

Item No.	HS Code	Description of Goods	Quantity	Unit	Unit Price	Total Amount
3						

Subtotal: 0.00

Freight/Insurance: 0.00

TOTAL VALUE: 0.00

BANKING DETAILS:

Bank Name: _____ | SWIFT/BIC: _____ | IBAN/Acc: _____

REMARKS:

- Country of Origin: [Origin Country]
- Goods are of [Brand] manufacture.

Authorized Signature & Stamp

Company Seal

Customer Acceptance (Signature)